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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/724,965
Filing Date	November 28, 2000
First Named Inventor	Lonberg
Examiner Name	A.M.S. Wehbe
Group Art Unit	1632

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JAN 16 2003

Total Number of Pages in This Submission

Attorney Docket No. 014643-00908105

TECH CENTER 1600/29

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Restriction Requirement and Second Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Revocation of Previous Powers of Attorney and Appointment of New Power of Attorney	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Check No. 2254 for \$1970
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. 455675)	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gurjeev K. Sachdeva
Signature	<i>Gurjeev K. Sachdeva</i>
Date	January 3, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:

January 3, 2003

Typed or printed name	Lisa Jeanetta
Signature	<i>Lisa Jeanetta</i>